

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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BY: [REDACTED]

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
HUEBNER	PETER	W	[REDACTED]	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

SIERRA COUNTY

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

COUNTY SUPERVISOR, DISTRICT 2

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHED

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of SIERRA

☐ City of

☒ Multi-County SEE LIST OF COUNTIES

☒ Other MEMBER COUNTIES

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investment(s) (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/10/2010
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

STREET ADDRESS OR PRECISE LOCATION
216 FORTY NINER DR

CITY
SIERRA CITY, CA 96125

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
5/2/09 / **09**
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / _____ / **09** _____ / _____ / **09**
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
CHASE

ADDRESS (Business Address Acceptable)
PO Box 24714

BUSINESS ACTIVITY, IF ANY, OF LENDER
Columbus, OH 43224

INTEREST RATE
7.3 % ☐ None

TERM (Months/Years)
30

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>AIR QUALITY OF N. CALIF.</u></p> <p>ADDRESS (Business Address Acceptable) <u>PO BOX 2509</u></p> <p>CITY AND STATE <u>GRASS VALLEY, CA 95945</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1/1/09 - 12/31/09</u> AMT: \$ <u>1188.80</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL to</u> <u>BOARD Meetings</u></p>	<p>▶ NAME OF SOURCE <u>NORTECH</u></p> <p>ADDRESS (Business Address Acceptable) <u>7420 SKYWAY</u></p> <p>CITY AND STATE <u>PARADISE, CA 95969</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1/1/09 - 12/31/09</u> AMT: \$ <u>1170.07</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, Lodging, MEALS</u> <u>for BOARD Meetings</u></p>
<p>▶ NAME OF SOURCE <u>CSAC - EIA</u></p> <p>ADDRESS (Business Address Acceptable) <u>3017 80th CANAL DR</u></p> <p>CITY AND STATE <u>RANCHO CORDOVA, CA 95670</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1/1/09 - 12/31/09</u> AMT: \$ <u>3849.86</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL to BOARD,</u> <u>Lodging, MEALS.</u></p>	<p>▶ NAME OF SOURCE <u>TRINDEL INS. FUND</u></p> <p>ADDRESS (Business Address Acceptable) <u>PO BOX 457</u></p> <p>CITY AND STATE <u>SIERRA CITY, CA 96125</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1/1/09 - 12/31/09</u> AMT: \$ <u>692.06</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, Lodging, MEALS</u> <u>for BOARD Meetings</u></p>

Comments: _____

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

Sierra County Airport Advisory Committee – BOS Alternate

Regional Council of Rural Counties (RCRC) - Alternate

Northern Sierra Air Quality Management District – BOS Representative

P.O. Box 2305

Grass Valley, CA 95945

NoRTEC, (Northern Rural Training and Employment Consortium) – Member

7420 Skyway

Paradise, CA 95969

CSAC – Excess Insurance Authority – Alternate

301 Gold Canal Drive

Rancho Cordova, CA 95670

Trindel Board of Directors – Alternate

P.O. Box 289

Sierra City, CA 96125

Long Valley Groundwater Management District – Director #7

C/O Lassen Count Dept. of Community Development

707 Nevada Street, Suite 5

Susanville, CA 96130

JURISDICTION OF OFFICE

MULTI-COUNTY

COPY

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa

Nevada
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Joaquin
San Luis Obispo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

COPY

SCHEDULE E
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 MAY 25 AM 11:17

**Travel Payments, Advances,
and Reimbursements**

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE

Peter W. Huebner
ADDRESS (Business Address Acceptable)

P.O. Box 349

CITY AND STATE

Sierra City, CA 96125

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Board of Supervisor, District 2

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Verification

Print Name Peter W. Huebner

Office, Agency or Court Board of Supervisor, Dist. 2

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

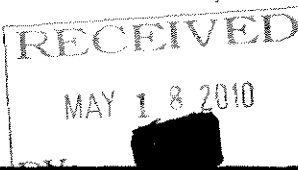
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 05-21-10
(month, day, year)

Signature _____

Comments: SEE ATTACHMENT

COVER PAGE



Please type or print in ink.

2010 MAY 25 AM 11:17 *Public Document*

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Huebner	Peter	w	()		
MAILING ADDRESS STREET (Business Address Acceptable)		CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

sierra county

Division, Board, District, if applicable:

board of supervisors

Your Position:

county supervisor, district two

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: see attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of sierra

☐ City of _____

☒ Multi-County See List Attached.

☒ Other member counties

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/05/10

(month, day, year)

Signature

(File the originally signed statement with your filing official)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>HUEBNER, P</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>air quality board</u></p> <p>ADDRESS (Business Address Acceptable) <u>po box 2509</u></p> <p>CITY AND STATE <u>grass valley, Ca 95945</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1 / 1 / 09</u> - <u>12 / 31 / 09</u> AMT: \$ <u>1188.80</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>travel to board meetings</u></p> <p><u>SAS Expense</u></p>	<p>▶ NAME OF SOURCE <u>nortech</u></p> <p>ADDRESS (Business Address Acceptable) <u>7420 Skyway</u></p> <p>CITY AND STATE <u>paradise, Ca 95969</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1 / 1 / 09</u> - <u>12 / 31</u> AMT: \$ <u>1170.07</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>travel, lodging, meals for board meetings</u></p>
<p>▶ NAME OF SOURCE <u>csac-eia</u></p> <p>ADDRESS (Business Address Acceptable) <u>3017 gold canal dr</u></p> <p>CITY AND STATE <u>rancho cordova, Ca 95670</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1 / 1 / 09</u> - <u>12 / 31 / 09</u> AMT: \$ <u>3849.86</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>travel, lodging, meals for several board and committee meetings</u></p>	<p>▶ NAME OF SOURCE <u>trindel ins. fund</u></p> <p>ADDRESS (Business Address Acceptable) <u>po box 457</u></p> <p>CITY AND STATE <u>sierra city, Ca 96125</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>1 / 1 / 09</u> - <u>12 / 31 / 09</u> AMT: \$ <u>692.06</u> (if applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>travel, lodging, meals for board meetings</u></p>

Comments: _____

HUEBNER, F.

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

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P.O. Box 289

Sierra City, CA 96125

Long Valley Groundwater Management District – Director #7

C/O Lassen Count Dept. of Community Development

707 Nevada Street, Suite 5

Susanville, CA 96130

JURISDICTION OF OFFICE

MULTI-COUNTY

COPY

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa

Nevada
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Joaquin
San Luis Obispo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

COPY